

**New Jersey Department of Personnel  
ERI Extension Request Form**

Date of Request	Priority #	Time Period for Extension: From: _____ To: _____	
Department		Division/Bureau/Institution	
Employee Name		Employee Title	
Position Number:	Title Code/Range:	Pension Number:	
Funding Source ____ State    ____ Federal    ____ Other (please specify) _____ _____		Account Number _____ Type of Position: ____ Full Time    ____ Part Time    ____ Hourly	
ERI Coordinator Name/ Initials		Affirmative Action Officer Name / Initials	

Justification		
Is there a statutory requirement for this position?	____ Yes	____ No
Does this position require any specialized skills or licenses that current staff does not possess?  If Yes, please specify _____	____ Yes	____ No
Does this position require any specialized training that current staff does not possess?  If Yes, please specify _____	____ Yes	____ No
Describe the mission critical need for this position.		
Why can't other resources be assigned to cover the duties of this position?		
What steps will the organization take during the Extension Period to compensate for the impact of losing this position once the extension expires?		

*I agree with the above mentioned statements and request this position to be extended*

\_\_\_\_\_  
Cabinet Officer Signature

\_\_\_\_\_  
Date

DOP: _____ <input type="checkbox"/> Approved Date: _____ <input type="checkbox"/> Disapproved	OMB: _____ <input type="checkbox"/> Approved Date: _____ <input type="checkbox"/> Disapproved
Governor's Office: _____ <input type="checkbox"/> Approved Date _____ <input type="checkbox"/> Disapproved	Returned to Agency Date: _____